

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90010 040 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P02000039781

1. Entity Name

KAPITAL GROUP, INC.



40107898

Principal Place of Business

**10185 COLLINS AVE #711
MIAMI BEACH FL 33154**

Mailing Address

**10185 COLLINS AVE
1501
MIAMI BEACH . FL 33154**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

04-3656418

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KATTAN, CARLOS
10185 COLLINS AVE.
APT 1501
MIAMI BEACH FL 33154**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KATTAN, CARLOS**
CITY-ST-ZIP **10185 COLLINS AVE. 1501
MIAMI BEACH FL 33154**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **DE CHAMI, ANDREA G.**
CITY-ST-ZIP **10185 COLLINS AVE. APT 1501
MIAMI BEACH FL 33154**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

PAID

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director